



State of Utah

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Utah Department of Health

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Disease Control and Prevention

Heather Borski, MPH, MCHES
Division Director

Utah Public Health Laboratory

Robyn M Atkinson-Dunn, PhD HCLD/PHLD
Laboratory Director

September 10, 2018

Attention Rabies collection sites:

The Utah Public Health Laboratory (UPHL) provides free testing only for submissions meeting the recommendations listed in the 2016 Compendium of Animal Rabies Prevention and Control (<http://www.nasphv.org/Documents/NASPHVRabiesCompendium.pdf>) and in those circumstances where a significant risk of infection can be identified. Testing out of the scope of the national guidelines or deemed unnecessary for the protection of Public Health is subjected to a \$180 fee. Please take into consideration the cost that owners may incur when submitting specimens to UPHL.

The following criteria will indicate a waived rabies test fee:

- Any bat where a person or animal has had an exposure, or reasonable probability of exposure, including: bites, exposure to saliva, a bat in the room with a sleeping person or unattended child, a bat near a child or mentally impaired or intoxicated person, etc.
- Dogs/cats/ferrets, regardless of rabies vaccination status, if signs suggestive of rabies are documented during a quarantine period (10 days from exposure).
- Wild mammals and hybrids that expose persons, pets, or livestock (i.e. skunks, foxes, coyotes, raccoons, etc.)
- Any livestock, if signs suggestive of rabies are documented.
- Any domestic or stray animal that exposes a person but cannot be observed in quarantine for 10 days (e.g. a moribund dog bites a person and dies shortly after)

The following criteria will indicate a \$180 fee:

- Domestic Dogs/cats/ferrets, regardless of rabies vaccination status, if signs suggestive of rabies are NOT documented during a quarantine period (10 days from exposure).
- Regardless of rabies vaccination status, a healthy dog, cat, or ferret that HAS NOT exposed a person.
- Incomplete paperwork accompanying the sample. Please include full story/situation behind the sample submission.
- Occupational or workman's compensation covered exposures (e.g. vet tech bitten by patient)

For cases involving rodents and lagomorphs (rabbits and hares), domestic animals or cases with no human exposure, please contact Dallin Peterson (ddpeterson@utah.gov, 801-538-6333) for guidance on appropriate quarantine measures and whether to submit the specimen for testing.

Thank you for your continued awareness of rabies as a zoonotic threat. Please do not hesitate to contact us with questions or concerns regarding rabies testing.

Regards,

Alessandro Rossi, PhD., D (ABMM)
Chief Scientist
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Taylorsville, UT 84129
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arossi@utah.gov

Rabies Testing Request Form

Utah Public Health Laboratory

4431 S 2700 W Taylorsville, UT 84129

Telephone: (801) 965-2584 Fax: (801) 536-0473

Lab #

Date Stamp:

PLEASE PRINT

DO NOT ABBREVIATE

Revised 9/10/2018

1. PROVIDER/SENDER INFORMATION		2. OWNER INFORMATION (or responsible party)	
Name		Name	
Address: No./Street/Apt.#		Address: No./Street/Apt.#	
Provider Code	City/Town	City/Town	
	Phone Number: ()	Phone Number: ()	
3. SPECIMEN INFORMATION <input type="checkbox"/> Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown			
Species & Breed	Was Animal Quarantined? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many days? _____ <input type="checkbox"/> Died in Quarantine	Cause of Death: <input type="checkbox"/> Natural Date: _____ <input type="checkbox"/> Euthanized	
Reason for Rabies Testing: <input type="checkbox"/> Human Exposure <input type="checkbox"/> Pet Exposure <input type="checkbox"/> Acting Sick	Symptoms: _____ _____ _____	Animal Vaccination History: <input type="checkbox"/> Rabies Vaccinated on (___/___/___) <input type="checkbox"/> Not Rabies Vaccinated <input type="checkbox"/> Unknown	
4. EXPOSURE INFORMATION			
Person(s) Exposed Exposure Date ___/___/___	Animal(s) Exposed Exposure Date ___/___/___		
Name	Name		
Address: No./Street/Apt.#	Species	Age	
City/Town State Zip Code	Address: No./Street/Apt.#		
Phone # ()	City/Town	State	Zip Code
Physician Name	Physician Phone # ()		
Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Body Site Severity	Type of Exposure: <input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Lick <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	Body Site Severity
Circumstance of Exposure: (Check One) <input type="checkbox"/> Capture <input type="checkbox"/> Specimen Prep <input type="checkbox"/> Handling <input type="checkbox"/> Other _____ <input type="checkbox"/> Provoked Attack <input type="checkbox"/> Unprovoked Attack	Circumstance of Exposure: (Check One) <input type="checkbox"/> Fight <input type="checkbox"/> Vicinity <input type="checkbox"/> Dead Animal Contact <input type="checkbox"/> Other _____		
<p>Sample submission guidelines: Head must be removed from any animal larger than a gopher. Head must be wrapped in newspaper and placed in plastic bag. DO NOT send live animals with the exception of bats (Container must be labeled "Live Bat"). If shipping is necessary, please put plastic bag containing head in a leakproof container packed on wet ice. DO NOT send by U.S. Mail except by special delivery.</p> <p>Specimens may be subject to \$180 fee that do not meet the criteria set forth by the Utah Department of Health (https://health.utah.gov/wp-content/uploads/UDOH_Rabies_Testing_Request_Form.pdf) or with incomplete paperwork.</p>			
5. RABIES DIRECT FLUORESCENT ANTIBODY TEST RESULTS (Lab Use Only) Reported By: _____ Date ___/___/___			
<input type="checkbox"/> Positive (Rabid) <input type="checkbox"/> Negative (Not Rabid) <input type="checkbox"/> Specimen Unsatisfactory			
Comments _____			